

STATE OF NEW HAMPSHIRE

Statement of Receipts and Expenditures for POLITICAL COMMITTEES (RSA 664)

September 12, 2006 - Primary Election

I, TIMOTHY O. FISHER	Chairperson, and I, PAUL A. WORSOWICZ
(print name) Treasurer of the GRANITE STATE I	WATERSHED ACTION GROUP (print name)
Oldivido Oldivido Dinilo	WATERDRED ACTION GROUP
Committee, located at P.O. BOX 1415 (mailing address) (t	
	town/city) (state) (zip code)
report that the Committee has <u>receipts or expen</u>	nditures exceeding \$500 for the primary election and do submit the
following report of receipts and expenditures.	
SUMMARY OF RECEIPTS AND	EXPENDITURES FOR PRIMARY ELECTION
Date of Report: *June 21 □	August 23 🗆 September 6 🗆 September 20
Receipts:	
I) Total of all receipts in this report	RECEIVED S
2) Total of all receipts in previous reports	2) \$_7,913.65
3) Total of all primary election receipts to date (Add lines 1 and 2)	
Firm. 21/	NEW HAMPSHIRE
Expenditures: 4) Total expenditures in this report	SECRETARY OF STAJE s 0
5) Total of expenditures in previous reports	5) \$_5,504.20
6) Total of all primary election expenditures to (date 6) \$ 5,504.20
7) Balance if SURPLUS	7) S÷ 2,409.45
8) Balance if DEFICIT	8)
Signature of Chairman	Signature of Treasurer

Secretary of State's Office, State House, Room 204, Concord, New Hampshire 03301 Phone: 603-271-3242 — Fax: 603-271-6316 — http://www.sos.nh.gov email: elections@sos.state.nh.us

^{*}This report not required by Political Committee of a Political Party or by a Political Committee of a Candidate. RSA 664:6

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Page	of	Pages	Candida	te or Committe	e Name .			•		
PRIMARY	ELECTION	NITEMIZED REC			Reporting Period ending				2006	
Full Name of ((Alphabetical (Contributor Order)	Post Office .	Address	Amount of Contribution	Date Received	Aggregate* Contribution to Date		If contribution or a is over \$100 list:	ggregate contribution Place of Business	
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lotal of receip	ots unitemized	(\$25 or under) in this	report \$							
? RIMARY ELECTION		N ITEMIZED EXPENDITURES		.*		*** Indicate to which election expenditure applies			ture applies	
aid to Whom		Post Office Address	Amount of Expense	Date of Expense	***Primary/Genera		al Nature of Expenditure			
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